

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4208AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/27/2009
NAME OF PROVIDER OR SUPPLIER LAS VEGAS HOME SWEET HOME, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2615 LINDELL ROAD LAS VEGAS, NV 89146		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments Surveyor: 28380 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The facility is licensed for 14 total beds, classified as 6 Category I beds and 8 Category II beds. The facility has the following endorsements: residential facility for elderly or disabled persons and/or persons with mental illnesses. The census at the time of the survey was eight. Eight resident files were reviewed and one employee file was reviewed. This Statement of Deficiencies was generated as a result of a required grading re-survey conducted in your facility on August 26, 2009. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received another grade of D and will require another re-survey application to be submitted with the applicable fee and undergo another re-survey. The following deficiencies were identified:	Y 000		
Y 053 SS=C	449.194(4) Administrator's Responsibilities-Complete Rec NAC 449.194 The administrator of a residential facility shall: 4. Ensure that the records of the facility are complete and accurate.	Y 053		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 053	Continued From page 1 This Regulation is not met as evidenced by: Surveyor: 28380 Based on record review, observation and interview on August 26, 2009, the administrator failed to keep the records of the facility complete and accurate. This was a repeat deficiency from the February 19, 2009 State Licensure survey. Severity: 1 Scope: 3	Y 053		
Y 068 SS=F	449.196(1)(d) Qualifications of Caregivers-English language NAC 449.196 1. A caregiver of a residential facility must: (d) Demonstrate the ability to read, write, speak and understand the English language. This Regulation is not met as evidenced by: Surveyor: 28380 Based on interview on August 26, 2009, the facility hired 1 of 1 caregivers that could not read, write, speak and understand English (Employee #1). Severity: 2 Scope: 3	Y 068		

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Y 085	Continued From page 2	Y 085		
Y 085 SS=F	449.199(1) Staffing-CG on duty all times NAC 449.199 1. The administrator of a residential facility shall ensure that a sufficient number of caregivers are present at the facility to conduct activities and provide care and protective supervision for the residents. There must be at least one caregiver on the premises of the facility if one or more residents are present at the facility. This Regulation is not met as evidenced by: Surveyor: 21044 Based on interview, record review and observation on 8/26/09, the administrator failed to ensure that a caregiver was on duty when residents were present. Severity: 2 Scope: 3	Y 085		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Surveyor: 28380	Y 103		

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Y 103	Continued From page 3 Based on record review on August 26, 2009, the facility failed to ensure 1 of 1 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #1 missing evidence of a positive TB test). This was a repeat deficiency from the February 19, 2009 State Licensure survey. Severity: 2 Scope: 3	Y 103		
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Surveyor: 28380 Based on record review on August 26, 2009, the facility failed to ensure 1 of 1 caregivers met background check requirements (Employee #1 did not have documented results from the State of Nevada and the Federal Bureau of Investigation). This was a repeat deficiency from the February 19, 2009 State Licensure survey. Severity: 2 Scope: 3	Y 105		
Y 272 SS=C	449.2175(3) Service of Food - Menus	Y 272		

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Y 272	Continued From page 4 NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. This Regulation is not met as evidenced by: Surveyor: 28380 Based on observation and interview on August 26, 2009, the facility failed to ensure a planned, dated and posted menu was utilized. Severity: 1 Scope: 3	Y 272		
Y 532 SS=C	449.260(1)(g)(1)(2) Activities for Residents NAC 449.260 1. The caregivers employed by a residential facility shall: (g) Post, in a common area of the facility, a calendar of activities for each month that notifies residents of the major activities that will occur in the facility. The calendar must be: (1) Prepared at least a month in advance. (2) Kept on file at the facility for not less than 6 months after it expires. This Regulation is not met as evidenced by: Surveyor: 28380 Based on interview and record review on August 26, 2009, the facility failed to ensure a calendar of activities was posted, prepared at least a month in advance, and kept on file at the facility for not less than 6 months. Severity: 1 Scope: 3	Y 532		

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Y 920 SS=F	<p>449.2748(1) Medication Storage</p> <p>NAC 449.2748 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28380 Based on observation on August 26, 2009, the facility failed to ensure that medications were stored in a locked area.</p> <p>This was a repeat deficiency from the February 19, 2009 State Licensure survey.</p> <p>Severity: 2 Scope: 3</p>	Y 920		

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Y 923	Continued From page 6	Y 923		
Y 923 SS=F	449.2748(3)(b) Medication Container NAC 449.2748 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (b) Kept in its original container until it is administered. This Regulation is not met as evidenced by: Surveyor: 28380 Based on observation on August 26, 2009, the facility failed to keep medications of residents in their original container. This was a repeat deficiency from the February 19, 2009 State Licensure survey. Severity: 2 Scope: 3	Y 923		
Y 930 SS=A	449.2749(1)(a) Resident File-Storage, Res Information NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to	Y 930		

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Y 930	Continued From page 7 the resident, including without limitation: (a) The full name, address, date of birth and social security number of the resident. This Regulation is not met as evidenced by: Surveyor: 28380 Based on record review and interview on August 26, 2009, the facility did not provide proper documentation regarding a resident who had been discharged. Severity: 1 Scope: 1	Y 930		
Y 936 SS=F	449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Surveyor: 28380 Based on record review on August 26, 2009, the facility failed to ensure 2 of 12 residents complied with NAC 441A.380 regarding tuberculosis (TB) testing which affected all residents (Resident #3	Y 936		

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Y 936	Continued From page 8 and #8 both require a second step TB skin test). This was a repeat deficiency from the February 19, 2009 State Licensure survey. Severity: 2 Scope: 3	Y 936		

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